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LEADERSHIP TRAINING PROGRAM FOR SELECTED AFRICAN HEALTH SPECIALISTS (WASHINGTON, D.C., SEPTEMBER 12-24, 1965). APPLICATIONS OF HUMAN RELATIONS LABORATORY TRAINING, NUMBER 3, 1966.

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THE AGENCY FOR INTERNATIONAL DEVELOPMENT HAS BEEN TRAINING AFRICAN HEALTH SPECIALISTS IN THE UNITED STATES, BUT LEADERSHIP TRAINING HAS BEEN GIVEN LITTLE ATTENTION. SUCH TRAINING SHOULD HELP THEM OVERCOME DIFFERENCES BETWEEN MODERN TECHNOLOGY AND TRADITIONAL CUSTOMS, DEFINE ORGANIZATIONAL ROLE, RESOLVE STATUS DIFFERENCES, AND GET COOPERATIVE EFFORT FROM ORGANIZATION MEMBERS. A 10-DAY RESIDENTIAL PROGRAM WAS SET UP AT THE UNIVERSITY OF MARYLAND FOR 16 HEALTH SPECIALISTS FROM ETHIOPIA, SUDAN, LIBERIA, SIERRA LEONE, AND THE CONGO. THIS PRELIMINARY REPORT FOCUSES ON STAFF AND PARTICIPANT EVALUATION OF THE PROGRAM. OUTCOMES OF THE TRAINING WERE EXAMINED THROUGH (1) PARTICIPANTS' EVALUATION OF THE ADMINISTRATION OF THE PROGRAM (SUCH AS SELECTION OF PARTICIPANTS, ORIENTATION, TIMING, AND LABORATORY DESIGN), (2) PROBLEM ANALYSIS MATERIAL (T-GROUP PROBLEMS AND BACK-HOME PROBLEMS) FROM A GROUP STUDYING FORCE FIELD ANALYSIS, (3) THE FOUR TRAINING STAFF MEMBERS' SUBJECTIVE OPINIONS ON THE CHANGES TAKING PLACE IN THE T GROUPS, AND (4) A 1-DAY RECORDED STAFF EVALUATION SESSION. IT WAS RECOMMENDED THAT FOLLOWUP AND SUPPORT OF PARTICIPANTS BE INCLUDED AFTER LABORATORY TRAINING. FURTHER EVALUATION WAS TO RESULT FROM DATA OBTAINED AFTER PARTICIPANTS WERE HOME FOR SOME MONTHS. THIS DOCUMENT IS ALSO AVAILABLE FROM NATIONAL TRAINING LABORATORIES, 1201 SIXTEENTH STREET, N.W., WASHINGTON, D.C. 20036, FOR $1.50. (EB)

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Applications
of Human Relations Laboratory Training

No. 3

Report
on
LEADERSHIP TRAINING PROGRAM
FOR SELECTED AFRICAN HEALTH
SPECIALISTS

Sept. 12-24, 1965
Washington, D. C.

AC 000 144

NATIONAL TRAINING LABORATORIES • NATIONAL EDUCATION ASSOCIATION

APPLICATIONS OF HUMAN RELATIONS LABORATORY TRAINING

Number Three - 1966

REPORT

on

LEADERSHIP TRAINING PROGRAM FOR SELECTED AFRICAN HEALTH SPECIALISTS

September 12-24, 1965
Washington, D. C.

Submitted to

Dr. Howard Kline, Project Director
Office of International Health
Public Health Service

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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NATIONAL EDUCATION ASSOCIATION

May 17, 1966

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LEADERSHIP TRAINING PROGRAM FOR SELECTED AFRICAN HEALTH SPECIALISTS

I. INTRODUCTION

It is important to note at the very beginning that this is a preliminary report. The final report will wait upon the gathering of information and data from the participants that will attempt to give some indication of the impact of the training experience on the participants on their return to their back-home work situation in Africa. At this time, however, it will be useful to make available or rather review the background of this project, to describe how the project was conducted, and to examine the outcomes as revealed in the data presently available from the participants themselves and from the training staff members.

This preliminary report therefore will attempt in the first part to describe the project in terms of the problem the training program focuses on, the objectives of the training program, the expected outcomes of the program. In the next section what really happened will be described in terms of the participants, the staff, the location, and the time schedule. The following section will deal with the participants' evaluation; some problem analysis material developed by the participants indicating the focus on problem-solving training; the general assessment by the training staff of the changes taking place in the participants as a group--not in any sense an individual evaluation of the participants; and, finally, some of the highlights of the staff evaluation of the total laboratory experience. The report will close with a few comments on next steps.

II. THE PROJECT

During the spring and early summer of 1965, the staff of the Office of International Health of the Public Health Service requested the National Training Laboratories to explore with them how a training approach could be utilized on the rather basic problem with which they were concerned. Staff members of National Training Laboratories met with the O.I.H.-P.H.S. staff on several occasions, and gradually a possible project began to emerge. After a great deal of discussion, this project was finally described in a memorandum on April 19, 1965. The memorandum provides a brief, clear description of the project as follows:

A. The Problem

"In its participant training activity, the Agency for International Development is bringing an increasing number of African health workers to the United States for formal training. The primary objective of the training is to give to participants the kind of experience which will enable them, on their return to Africa, to exert leadership in their professional fields and in the development of their countries. In the United States institutions, participants receive preparation in the technical and professional aspects of their specialty, e.g., medicine, nursing, hospital administration, public health, sanitation, and so on. An important area of study, however, which is given little or no attention is specific preparation for leadership. The African participant on his return home is faced with a series of challenges for which his special training only partially prepares him. These challenges include:

1. Overcoming varied differences between modern technology and traditional customs.

2. Helping to define the role and function of the organization and the individuals with whom he will work.

3. Resolving status differences between those educated abroad and those educated at home.

4. Getting members of the organization in which he works to understand and accept the organizational goals and to contribute effectively and productively to their achievement.

B. Objectives of the Project

For the purpose of better preparing participants for effective leadership, it is proposed that a pilot project in leadership training be undertaken in September, 1965, for selected African health participants. The project will have as its objectives:

1. To help participants recognize and identify the opportunities and responsibilities they will have for contributing to change in their country in their own technical field and in other areas of development.

2. To help participants prepare for translating new ideas into improved practice back home and to assist them to find ways of improving their effectiveness and that of their organization.

C. Expected Outcomes of the Project

It is anticipated that participants will benefit by obtaining improved leadership concepts and skills. On the basis of the experience with this selected group, a determination will be made of the usefulness of this type of training and its applicability to all health participants. For the immediate group a planned follow-up is built into the project. This will be one of the factors in reaching a decision about the broader applicability of specific leadership training programs.

It is important to note here that the "planned follow-up" referred to above was built into the original project, but in the final contract this was omitted. It is hoped that financing can be obtained to enable the O.I.H.-P.H.S. and NTL to conduct at least a minimum evaluation follow-up whereby data can be collected from the participants indicating the impact of the training six to twelve months afterward.

During the latter part of the summer, O.I.H.-P.H.S. recruited participants who were about equally divided between those returning to their native countries in the early fall and those who would still be continuing in the United States for anywhere from three to six months. The participants came from Ethiopia, Sudan, Liberia, Sierra Leone, and the Congo. They included the following special technical backgrounds: health specialists, sanitarians, public health engineers, nurses, medical records librarians, hospital administrators, dental hygienists, anesthetists, and persons engaged in malaria eradication.

NTL-recruited staff were Juan Rossello, M.D., Head, Department of Psychiatry, School of Medicine, University of Puerto Rico; and Dr. Racine Brown, South Carolina Mental Health Commission. In addition, Curtis Mial, Associate Director of National Training Laboratories, worked with the staff in the planning period. Mr. Mial did not, however, participate in the training program. In addition, the O.I.H.-P.H.S. brought two of its own staff into training staff roles. Miss Mary Jo Kraft and Miss Claudia Galiher first attended the NTL Community Leadership Laboratory in Utah in August of 1965. They then joined the staff in assistant trainer roles and worked with Drs. Rossello and Brown.

III. LOCATION

In seeking a training location that would provide a high degree of isolation and privacy, NTL explored the possibilities of the Adult Education Center at the University of Maryland. This is a new facility especially designed for conferences. It appeared to have many of the prerequisites, and it was decided the training conference should be held there.

IV. THE TIME SCHEDULE

The participants arrived on Sunday afternoon, September 12. The first training activity was held that evening and the schedule for the week was generally the same, with a morning and afternoon session and with an evening session on all but one evening. The first week ended in the evening session after dinner Friday, and the participants were free then until Sunday evening. On Sunday evening after dinner there was a session beginning the second week, and the schedule continued until noon on Friday. Again evening sessions were held, except on two evenings.

V. OUTCOMES OF THE TRAINING CONFERENCE

The data available indicating outcomes of the experience fall into four categories:

A. The participants' evaluation, which was conducted on the next-to-the-last day of the training laboratory and in which all of the participants contributed as a group.

B. Problem analysis material from one of the training groups in which the focus was on practice and application of force field analysis.

C. Data submitted by each of the four training staff members which subjectively indicated each member's opinion as to the degree of change taking place in the participants in their particular T Group during the two-week laboratory period.

D. A staff evaluation session which was tape recorded on the afternoon and evening of Friday, September 24, and continued through the morning of Saturday, September 25.

Taking these in turn and in some detail:

1. Participant Evaluation

Participants in the human relations and leadership laboratory, held September 12-24, 1965, made the following comments and suggestions as they evaluated their two weeks' experience:

a. Selection of Participants

Some thought that there sould be more equal distribution as far as country of origin is concerned. Out of a total of 16, 10 were from Ethiopia. It was mentioned that at first some of the participants from the other countries were afraid that the Ethiopian group might form a block and try to control the laboratory. The participants reported that this fear was dispelled when it became evident that the members of the Ethiopian group were not making any effort to run things or to gang up on others.

In addition to the suggestion of having participants from a greater number of African countries take part in any future laboratories, some believed it would be beneficial to have representation from all parts of the world.

b. Timing

Several comments were made concerning an appropriate time of the year for holding laboratories. All participants agreed that they should be held during vacation time if some of the participants were returning to school. Late summer seemed to be acceptable to all, but some cautioned that for those who were going back to classes there should be at least one week between the end of the laboratory and the time they had to register for classes or report back to school or any other training institution.

It was agreed that any time of the year would be suitable if all of the participants had completed their studies and were en route home. Some believed that the laboratory experience should be exclusive for those who had completed their studies and were on their way home, since they would benefit by being able to put the new learnings into practice at an early date.

c. Prelaboratory Orientation

All were agreed that the participants needed more and clearer information about the purposes of the laboratory and how it would be conducted. One mentioned it would have been helpful to know who the other participants were to be. He expected that the laboratory would bring together health authorities from all over the world and that he would, more or less, perform as an observer rather than as an active participant. Many mentioned that they expected to spend the two weeks attending lectures, taking notes, and raising questions. When this expectation was not fulfilled there was confusion, and some of the participants felt this was the reason that for the first two or three days they felt lost.

There was general agreement that it would be very difficult to describe the laboratory experience to those who had never had it; but it was suggested that, another time, greater efforts should be made to inform the participants in advance that the laboratory would not be a series of lectures on health subjects or leadership theories.

d. Travel Arrangements

The only negative comment was about the arrangements for travel between downtown Washington and the Center. The chartered bus was an hour late in arriving at the departure point and this caused confusion and some irritation.

e. Handling of Arrival at Center

Arrival and registration went smoothly. Several believed, however, that because a notebook of reading materials and several booklets were distributed at the time of registration this served to strengthen the expectation that the laboratory would be conducted along conventional lines.

It was suggested that, another time, it would be more advisable to limit the initial distribution to a program schedule and information about meeting rooms and other facilities.

f. Facilities--Food and Accommodations

For a majority the living arrangements seemed to be quite satisfactory. The lack of laundry facilities was mentioned as a problem, and there were some complaints about conflict in the timing of maid service and free time for the participants.

Most of the participants were agreed that the private dining room used for participants and staff was not a good idea. They would have preferred eating lunch in the cafeteria and dinner in the regular dining room. It was a majority opinion also that a set menu was not desirable.

A community room for after-hours relaxation was thought to be an excellent idea. Some participants mentioned that they felt they should have helped run it instead of depending upon the wife of one of the staff members to do so. For another time a larger room was recommended.

g. The Laboratory Design

Comments were:

1. Laboratory design was no problem except at the beginning when we were struggling to get started.

2. At first the T Groups didn't go so well--we didn't know the purpose and we were confused. As time went on we felt more at ease and able to rely on one another. We found we had things in common to discuss. At first, though, we were disappointed.

3. For the first three days the night meetings were boring--we felt tired from working all day.

4. We were afraid at first. We wanted a topic. We wanted the staff to guide us.

5. We liked the exercise in "Helping" (O.P.Q.R. Exercise) but had it only one time--would have liked more.

6. The force field analysis was well conducted. Helped us look at problems in a new way.

7. The lectures on "anxiety" and on "what had been taking place in the laboratory" were interesting and educative. Would have liked more lectures.

8. The clusters were helpful. We learned a lot from them and believe we should have had more of them than we had.

9. The number of participants in the laboratory should have been larger, and it might be advisable to bring together people of other nationalities--not only Africans.

10. We felt relaxed with the staff. They were sociable and cooperative. We gave them a hard time at the beginning, but there was no ill feeling at all.

11. Some mentioned that they felt the weekends should be free--they didn't like the Sunday night meeting. Others stated they would prefer working only two evenings a week, provided the day meetings could be lengthened. Said they did not want to shorten the time available for work but merely rearrange working hours. Still others liked the schedule as it was because during the afternoon free time they could go to the post office and take care of other matters while offices and stores were open.

h. <u>Applicability of Laboratory Experience at Home</u>

One group spent a whole day discussing this topic. The following is a summary of what they believed they had gotten that would be useful to them.

1. We can understand the problems of other professions more objectively. We are better able to put ourselves in the position of the person with a problem.

2. We have learned how to give and receive feedback and have greater understanding of the need to share with others the information and ideas about programs and problems.

3. We have learned the importance of being good listeners.

4. We have had practice in expressing ourselves in a group. This will help in staff meetings. We have learned the importance of clarity and how the tone of voice can affect others.

5. We are learning to be sensitive to the feelings of others, to be aware of our own feelings, and how feelings affect behavior.

6. We have learned a new approach for diagnosing problems (driving and restraining forces).

7. We are better able to accept criticism.

2. Development of Skills in Problem Analysis

The following report was provided by one of the training staff members which indicated the application of the theory of force field analysis. Following a lecture by Dr. Racine Brown on the theory of force field analysis, the T Group of this training staff member selected a problem and identified and visualized the driving forces and the restraining forces as follows:

PROBLEM 1--Problem in the T Group

Goal: (To decrease feeling of discomfort.)

Driving Forces	Restraining Forces
1. To be more frank	1. Shyness
2. To be less defensive	2. Self-centeredness
3. To be more tolerant and considerate	3. Impatience
4. Cooperation	4. Aggressiveness
5. Helping with ideas	5. Competition
6. Boldness	6. Tardiness
7. Equality	7. Domination
8. Trust	8. Suspicion
9. Helping others	9. Antagonism
10. Informality	10. Formality
11. Common interest (concern)	11. Indifference
12. Heterogeneity of group	12. Homogeneity of group
13. Optimism	13. Pessimism
14. Self-confidence	14. Defeatism
15. Achieving group goals	15. Achieving individual goals
16. Meaningful expression of ideas	16. Lack of clear expression
17. Ability to listen and understand	17. Interruption

This material was useful as a means of gaining some understanding of what was going on in the group--particularly some discussion which hinged around "suspicion" and "domination."

Our group found it difficult to get away from the items developed in this topic and kept returning to ask whether there were not further topics which needed to be discussed.

PROBLEM 2--A Back-home Problem: The next problem undertaken by the group had to do with the "elimination of untrained midwives from the public health program in Jamaica" (suggested by one of the participants who had done field work in Jamaica this summer). As finally defined by the group, the problem as dealt with follows:

Goal: (To improve maternity care.)

Driving Forces

1. Reality of poor services
2. Presence of some trained midwives
3. Interest of public health officials
4. Promotion of good relations
5. Increased production of midwives
6. Desire to have healthy children
7. Education of the public
8. Licensing of midwives
9. Training of untrained midwives
10. Supervision of untrained midwives by trained midwives
11. Government subsidy of trained midwives
12. Salary of untrained midwives
13. Training of more obstetricians
14. Inservice education of trained midwives
15. Availability of consultation in case of difficulties

Restraining Forces

1. Apathy of the public
2. Relationship of trained and untrained midwives
3. Acceptance of untrained midwives by the public
4. Charging more money by trained midwives
5. Lack of understanding of good health service
6. Attitude of trained midwives
7. Lack of funds by the Government
8. Lack of cooperation of trainers
9. Lack of adequate number of nurses

Force Field Analysis -- 2nd Level on Restraining Force No. 2

Improve the relationship between the trained and untrained midwives.

1. Forming team
2. Better training of midwives in human relations

As you will note, a second level force field analysis was used to develop deeper insight into the problem -- how to improve the relationship between the trained and untrained midwives. The idea that second or third level could be done of the forces presented in an initial force field analysis had been presented by Racine Brown. This was the first time that a second level analysis was done. It was identified by the group that such second or third level analysis could be done with each force.

PROBLEM 3

Trainees were all asked to select a problem for presentation utilizing the attached questionnaire in looking at the problem. Trainees were then subdivided into small groups to share their problems and select one to be worked on by the total group. The group first worked on the following problem:

> Educating the Women and Girls To Bring Them into Equal Social Status with Men

A SOCIAL CHANGE PROGRAM -- SUDAN

Driving Forces

1. To encourage them to participate in community meetings
2. Many groups trying to effect change but too much resistance
3. Sudanese Women's Union
4. Woman M.P. influencing change

Restraining Forces

1. Women need permission from men to go out of the house
2. Not acceptable to talk about one's wife and daughter (it's shameful)
3. Educational system separates sexes (not coed)
4. Women workers from outside not acceptable to community
5. Religion considers breaking tradition sinful
6. Can have more than one wife (no more than four)
7. Men can marry into another religion believing in God
8. Birth control not permitted. Large families encouraged

ACTION PLAN

1. Support of liberal parties
2. Encourage women voters
3. Encourage women's associations
4. Prepare people for change -- the entire community -- through education

PROBLEM 4 -- The fourth problem undertaken (only by the men in the group) was as follows:

THE TURNOVER OF PUBLIC SERVANTS

Driving Forces

1. Attractive payment in private interests
2. Job satisfaction in private interests
3. Need for independence
4. Low payment in Government jobs
5. Opportunity to show more initiative
6. Greater chances for advancement

Restraining Forces

1. Job security in Government
2. Job experience
3. Fringe benefits
4. Prestige
5. Limitation of job opportunity
6. More opportunity for service to humanity
7. Less competition in Government jobs
8. Opportunity to exercise power

ACTION PLAN

1. Stress the advantages of Government service to Government employees--
   a) opportunities to study
   b) inservice training

by training department in Office of Personnel
by publications
by regular publication (Bulletin)

2. Employees Committees to study special problems--
   a) Grievance Committee
   b) Counseling service for employees

3. Improving two-way vertical communication for diffusion of ideas -- to public, and so on.

POLICY

Driving Forces		Restraining Forces
Pushed down from top	vs.	Feedback and employees' participation in policy decisions
Information from employees Chain of decisions Relations between employees and top level is important		Cultural variations in relations between employees and managerial levels

Ethiopia

More rigid hierarchical relationships

Poor communication between levels

Subordinates never consulted
Recognition of employees' feelings
Nonacceptance of employees' suggestions

Employees placed in passive-dependent role or position
Fault where? Minister? Dept. Head?
Policy of centralization
Political power organization interferes with cabinet members

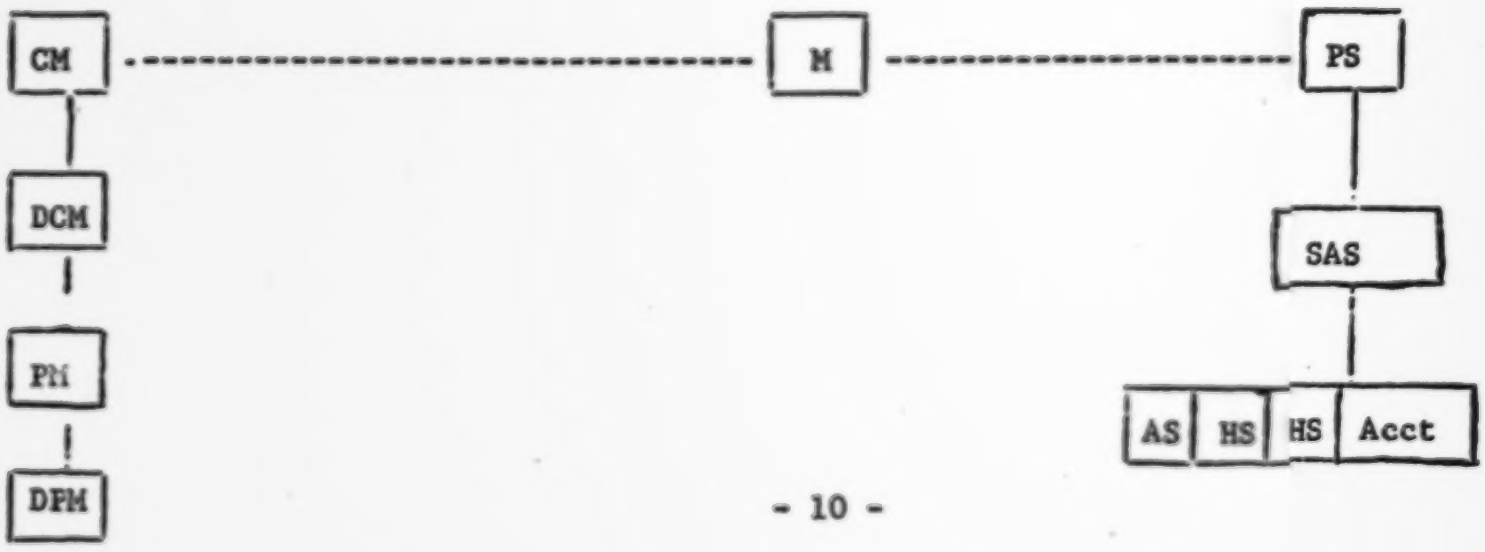
LOCAL ACTION PLAN

Have meeting with employees
Present problem (originates where?) --
- Employees
- Public
- Directors

Reasons for nonparticipation of membership --
- Passivity to unconsciously reject authority
- Chairmanship a threatening position
- Group not together
- Feelings of employees (group members) not taken into consideration
- Employees afraid to express feelings

PROBLEM 5 -- A home-care program for Sierra Leone was developed by the group as follows. Visual presentation on the flip chart as well as plan of action was developed by the group with the presence of the trainers.

How to motivate the Chief Medical Officer and the permanent Secretary to establish home-care programs in the Medical and Health Services of Sierra Leone.



ADVANTAGES OF HOME CARE

Driving Forces

1. Decrease the overcrowding of patients in the hospital
2. Less cost
3. Better care in family
4. Familiar surroundings at home
5. Learning experience for medical students and family members
6. Optimal working conditions of the health workers

Restraining Forces

1. Patient with communicable disease
2. Privacy
3. Money
4. Inadequacy of trained staff

ACTION PLAN

The plan of action was embodied in a memorandum to the Chief Medical Officer, as follows:

"TO : Chief Medical Officer

FROM : Mr. Josei

SUBJECT : Home-Care Program

I have discussed this proposal with medical experts _____, and we have concluded the following points:

1. Decrease the overcrowding of patients in the hospital
2. Less cost
3. Better care in family
4. Familiar surroundings in home
5. Learning experience for medical students and family members
6. Optimal working conditions of the health workers."

PROBLEM 6 -- A final problem analysis was carried out by the group, working alone without the trainers present, as follows:

Interchange of Public Health Personnel Between African Countries

Driving Forces

1. Similar problems involved
   a. climate conditions
   b. vegetation
2. Similar diseases -- e.g., malaria and other tropical diseases
3. Less expensive owing to standard of living
4. Easy adaptability
5. Shorter distance
6. Opportunity to discuss techniques and equipment utilized
7. Common customs, including clothing and foods
8. Sociability
9. Similar medical and health set-up controlled by Government
10. Community development project in operation

Restraining Forces

1. Difference in languages
2. Difference in accessibility and transportation
3. Preference for overseas interchange
4. Fewer training facilities

ACTION PLAN

1. Joint programs in Medical Education and Public Health
2. Medical Schools in various African countries to be coordinated
3. Exchange of information a. Bulletins
   b. Reports on projects
4. International agencies to be co-opted
5. Joint conference of directors of health
6. Exchange of technical staff for training opportunity and residencies
7. Encouragement of foreign scientist to work in Africa
8. Encouragement of foreign and local foundations to support training and research programs
9. Undertake joint pilot project (Home-Care Program)
   a. Financing b. Staffing c. Training d. Planning
10. Better basic education in history, geography, economics, and culture to help understanding when working together

The force field analysis was later presented to the trainers by the group. The plan of action was worked out by the group in the presence of the trainers.

This final problem was shared in a joint presentation session with the other T Group.

Discussion: In retrospect, the development of a skill in looking at a problem (force field analysis) seems evident. The development of some skill in how to use this analysis method in developing a plan of action also seems evident. Overall, one can see the development of planning skills and the ability to work with other people in a planning situation.

Summary of Data from Training Staff

Below is the summary of data from the training staff indicating their subjective assessment of change achieved during the training program along eleven different dimensions. The data available for this part of the report come from four training staff members. Each was asked to respond to a five-point questionnaire which read as follows:

a. What growth in development did you observe in the individual participating during the course of the laboratory on the following dimensions?

1. Sensitivity to others
2. Sensitivity to one's own feelings
3. Openness
4. Listening
5. Ability to work with others in problem-solving situations
6. Ability to influence others constructively
7. Ability to accept the influence of others without becoming defensive
8. Movement in leadership behavior from an authoritarian pattern to a more participating pattern
9. Capacity to communicate
10. Ability to give effective feedback
11. Ability to receive feedback and act on it.

(The staff members then rated each participant on each dimension on a scale from 1 to 7 -- 1 low and 7 high. They indicated on the scale with a "B" where they observed the participant was at the beginning of the laboratory, with an "E" where they observed him at the end of the laboratory, and with an "F" where they felt he had a potential for moving in the future, i.e., six to twelve months.)

b. I recommend that the following participants not be encouraged to participate in further laboratory training experiences.

c. I recommend that the following, if they express interest, be encouraged strongly to participate in further laboratory training.

d. I recommend that the following have sufficient insight and understanding of laboratory training to be able to assist in initiating and administering laboratory training in their respective countries.

e. I recommend that the following are sufficiently advanced and sophisticated that if they are interested they would have the potential, with proper preparation and training, to become training staff.

The data from this questionnaire can be summarized as follows:

1. Of the 16 participants, 14 indicated noticeable change on the 11 dimensions in point a.

2. Of the 14 registering noticeable change, eight were assessed by the training staff as changing appreciably on eight or more of the 11 dimensions. The ratings were consistently at the beginning on the low end of the scale 1, 2, or 3; and at the end, in the medium range 4, 5, and 6.

3. The two assistant trainers indicated consistently a predication of increased growth in the future six to twelve months. One of the experienced NTL trainers indicated in many cases a predication of retrogressing on the part of the individual involved, although in no case predicting retrogressing back to the starting point (an indicator of the need for follow-up support and continuity).

4. On point b, only four individuals were identified as not being able to benefit from further laboratory training.

5. Of the remaining 12 participants, it was recommended that, if interested, they be encouraged to participate further in laboratory training.

6. Of the 12, eight were identified who would have sufficient insight and understanding of laboratory training to be able to assist in initiating and administering laboratory training in their respective countries.

7. Of the eight, five were identified as having a potential to become training staff.

VI. STAFF EVALUATION OF THE TOTAL TRAINING LABORATORY

The staff evaluation on Friday afternoon and evening and on Saturday morning ranged over a wide variety of concerns and issues. These will be taken in turn, following quite closely the agenda developed by the staff.

A. Relationships among the Training Staff in the Co-training Role

In summary, the feeling of the four training staff members was that of having experienced a very successful and satisfying process of human interaction. They described the pairing process in which each of the Public Health Service staff had paired with a senior NTL staff member as being highly satisfactory. They used such words as "very good," "very sensitive," and "very helpful." One issue explored was whether or not a trainer should become a member of the group. This is an issue of concern in all training staffs. There is no direct or easy answer. It largely depends on the interest and skills and personality make-up of the individual trainer. The intensity of the training experience was commented on, especially by the two assistant trainers. The fact that this was their first experience in the role undoubtedly contributed to the level of anxiety and the level of learning. Referring to the latter, one of them commented, "I don't know whether I could have taken any more."

B. Preplanning

There was a feeling of satisfaction with the preplanning but also an indication that it might have been better if Curtis Mial had not been involved directly. The fact that he was involved in three different streams that attempted to reach a confluence in the preplanning session, did not necessarily require his participation. There was a feeling that he might have been better used as a reality tester after the four staff members who were to conduct the laboratory had gone through the planning process. The fact that he had been involved with Mary Jo and Claudia in the planning in the Office of International Health that developed the project, with Racine Brown in the Atlanta laboratory at the end of August, and with Juan Rossello in the Loyola project over the previous year, all made for intensive relationships and involvement with all four training staff members. In retrospect, this indicated quite clearly that it would have been better for him not to be involved in the planning operation.

C. Change in the Participants

Running through the 68 pages of the taped evaluation transcript there are many references to changes in the attitudes and behavior of the participants. A few of these are listed below:

1. One participant reported that as a result of the first week of the experience she was able, over the weekend, to discuss with her supervisor her hostile feelings toward him and thereby worked through to a much better relationship with him.

2. A participant talked about being able to accept criticism, whereas two days before she had violently resisted it. The men participants discussed difficulty in talking about the role of women in their lives. Finally, after several days in the T Group, they were able to talk quite openly about this; it was considered unmanly for men to talk about their feelings and to express feelings. Finally, both the men and women were able to look at this.

3. The question of whether the Ethiopians, because of their larger number, would dominate the group was finally looked at.

4. Other differences were how their perception of leadership changed, and how after a number of T Group sessions the principle of shared leadership was accepted.

D. Staff-Participant Relationships

The question was raised whether, when working with a group of this kind, the staff should be more available to the participants than is sometimes the case in a regular NTL laboratory. There was a feeling that it was important for this kind of group to definitely have relationships with the trainers outside the T Group. There is some question in the minds of the staff members expressing this point of view that this would be good even in a regular laboratory. This tied in with the authority issue and how people relate to authority. If the authority becomes a distant figure who cannot be talked with or communicated with, the authority issue can be inappropriately heightened and intensified. For people coming from African cultures the authority issue is a critical one (just as it is also in our own culture). This question of the relationship between staff and participants was felt by several of the staff to be a critical one. It did not seem to be resolved in the evaluation discussion period. It is one that should be given more careful consideration in future training programs of this kind.

E. Leadership

At the beginning of the laboratory, leadership was seen as something that had to be provided in order to control the situation in the group. In effect, you had to have a leader in the group to control people or they would kill one another. Or putting it another way, if you do not have a leader to control people, you would never get anything done. By the second week, however, the role of the leader had changed so that the patrolling function was not necessary and the major function was one of facilitating. In short, the role of the group leader as a controller in the beginning changed to a helper of the group at the end. One trainer commented that this was "one of the most significant developments that I have seen in this whole damn two-week period." Another comment was the satisfaction of the training staff at the end of the laboratory about the ease with which people performed leadership functions, not only with the leadership shared but also that the concept of leadership had changed sharply from that of the leader who is supposed to do all the work to motivate the members of the group to interest them to get the job done. There was satisfaction in seeing that it was changed to where everyone in the group accepted and shared responsibility.

F. Application Back Home

This change in leadership philosophy and in ways of carrying out the leadership function was identified as having major significance for the back-home situation. Another concern related to back-home application was the tolerance for frustration developed by the participants. It was pointed out by the training staff that a great deal of what can happen when they return home will depend on their resourcefulness in being able to utilize what they have learned and their ability to get some reinforcement for this. Unquestionably they will be exposed to many frustrations and there is a real possibility that this frustration will dissipate the learning of the training laboratory. An encouraging step was that they looked at this issue in the training laboratory and tried to face it squarely.

In viewing the present situation, it was pointed out that there is no organized follow-up of participant trainees such as there is for the participants in the training laboratory. There is some feeling that much better communication could be maintained; communication on a newsletter basis or letter basis is not maintained. The Peace Corps experience was referred to in this connection. The Peace Corps found that morale of volunteers is most critical in the period 2-5 months after they have returned from overseas. It was speculated that this experience might be applicable to the African group. To do something about this,in the Peace Corps inservice conferences have been held. By comparing results of those participating in these conferences with those who did not, it was found that there was a need for this type of follow-up experience. In summary, one staff member said,

> "I am convinced that somehow we have got to find a way in this small group of Africans to give them every encouragement we can. Perhaps to do a little thinking and to give any support -- whether it is in terms of a subscription to Adult Leadership or a personal note now and then or whether it is a little news note that we develop -- I feel very strongly there is a need for a continuation of at least a demonstrated interest on the part of people with whom they have been associated. Many times it is difficult -- even for those in the same country -- to keep this relationship because not only are they located in different parts of the country but are, in addition, on different levels within the Ministry; and it is not considered appropriate for them to mix. But they can find a common point outside, and it makes quite a difference. I do hope for the follow-up summary that we have been thinking of as part of the support for them."

A final suggestion in this area was related to the possibility of the O.I.H.-P.H.S. staff's developing skill in the training area, and in turn, providing a training function for African health specialists, so that some of the latter would be able to train other Africans (see the experience of Don Nylen and Tony Stout in the work they have been doing in Nigeria and Kenya along these lines.[1])

The follow-up evaluation data-collection process, referred to at the beginning of this report, has already been briefly discussed. This evaluation data-collection would have, in other words, a major biproduct. Although the evaluation data-collection would be designed to gather data and to evaluate the impact of the training design, it would also have a follow-up supporting experience. This would be especially true of the conference planned in Addis Ababa.

G. In Response to the Question: What would you do differently in carrying out a training program of this kind for this type of group?, the following ideas emerged:

1. Better orientation to what they are coming to would be highly desirable; the need to build realistic expectations that the training laboratory would not be a lot of lectures, with their being passive and inactive, but would be highly participative and concentrated on a small-group approach.

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[1]Nylen, D., & Mitchell, J. R. Staff Development and Human Relations Training: A Handbook for Use in West African Training Programs. New York: The Ford Foundation, 1962.

2. We need a little longer time.

3. There is need for better timing so that the training does not conflict for those not returning home immediately, and for those returning home that the training laboratory experience is fully communicated to them months ahead of time so that this does not become an added activity which tends to frustrate them when they are psychologically on the way home.

4. In looking at things that might have been done differently, one of the training staff commented that he felt highly satisfied with the design developed and actually would not make many changes. He then went on to say, however, that he would like to see more skill exercises designed for the particular needs of the group. One situation related to supervision. With this particular group, they could have worked on this more intensively.

5. Another point related to the feeling that, with a group of this kind, "one just cannot jump from one kind of activity to another." There was a feeling in the staff that a given activity -- whether it was a T Group or problem Analysis with Force Field Analysis or a Skill Exercise -- should be given over a longer period of time rather than jumping from one to another in a short period, such as a day. This was felt to be a problem in any training laboratory, but "it is more acute here."

6. The idea of bringing people from countries all over the world was discussed. It was felt this would be highly desirable and would provide a very interesting mix.

7. This particular group did not seem to pay much attention to the cultural differences present among them. This was true with the Ethiopians; although they came from the same country, there were language and other differences as they came from different sections of the country.

8. It would be important to "have at least a pair from any one country." With the African group there were several singletons who evidently felt somewhat isolated. Although the Ethiopian group was the largest subgroup, this did not seem to be a detrimental factor; it simply provided some additional material for the group to work on. The Ethiopians did not dominate the total group, although they might have, due to their numbers.

9. More might have been done with subgrouping. There was some of this at one point in the laboratory where they had the men meet together and the women meet together. This worked out very well, and there was a feeling that more could have been done with this.

10. More might have been done also to focus on the conduct of meetings. This would have direct transfer value to the back home. Just changing the format of meetings a bit can have quite an effect in helping people to be more participative and involved. It was felt that more could have been done here.

11. The reading material was discussed and it was felt that, first of all, it could have been more selective. Also all of the reading material should not have been given out at the beginning of the program; this was much "too formidable." It created the impression that they were going to have the usual lecture, with heavy content emphasis, as in a more traditional program. More could have been done, it was felt, by being more selective and by spacing the reading material when there seemed to be a readiness and a reaching out for it. Also some of the reading material could have been saved for later on or even given at the end of the program for them to take home.

12. The microlaboratory design was evaluated, and it seemed to fit in well and accomplished the objective of developing rapidly the participant-observer principle. It was a little easier for them to look at the other group and see what was happening. This "helped open their eyes to things that happened to themselves."

13. The O.P.Q.R. Exercise would have been better given at another time. There was a feeling it was tried too early.

14. The question of language was brought up. It was felt that "if the language is not their native language, some allowance should be made."

15. Another suggestion related to trying to make the training more than a one-shot experience. It would be desirable for a follow-up experience, to be built in and planned 2-3 months ahead. This would provide an opportunity for the individuals to go back to their regular work and attempt to apply the learnings, and then come back to the second program for evaluation and planning of further steps.

H. Action Planning

The staff agreed that "action plans are quite natural with this group." Their normal procedure is to feel the need for telling the people they are working with what to do rather than raising questions about what is the problem and what do those affected by the problem feel are some possibilities. The use of force field analysis was felt to be important in this case. It helped to prevent jumping in with "action plans" before the problem had been adequately defined. Other training was referred to where all the time was spent diagnosing and no time left for action planning; or on the other extreme, jumping in and doing nothing but action planning with no real diagnosing. It was felt an effort was made here to strike balance.

I. Other Design Features in the Training Laboratory

1. The problem analysis was done in the same groups as the T Groups. It was pointed out that "it was hard to tell a Problem Analysis Group from a regular T Group." This was felt to be desirable. Related to the problem analysis was the importance of assisting someone else to analyze his problem and how much this meant as a learning experience for the one trying to be helpful.

2. The size of the T Groups was remarked on. Having only eight in a group made the group rather small. It would have been possible to have 2-4 more participants in a group and not have the group too large. In terms of a future laboratory, it was felt that up to 40 would be desirable. With 40, they could be divided into four T Groups. This makes a good size laboratory in terms of total number of participants and also in terms of total number of groups.

VII. NEXT STEPS

It is important to note again that this is a preliminary report. The final report cannot be written until data have been collected from the participants some months after their participation in the laboratory. It is hoped that the financing for the follow-up evaluation can be arranged so that this data-collection process can be attempted.

Throughout the report there are a number of references to the importance of follow-up after the first experience that would provide support to the participants. It cannot be stressed too strongly that this is very important. If the full value of this first experimental laboratory is to be achieved, the participants should have this kind of follow-up and support. It is also hoped that this first group of health specialists will not be the last group to experience laboratory training, with evaluation built into each training experience. It will then be possible to answer much more coherently and conclusively the question as to the value of laboratory training for health specialists from overseas.

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